PHILADELPHIA MEDICAL TIMES.

SATURDAY, JANUARY 25, 1873.

ORIGINAL LECTURES.

LECTURES
ON THE SURGERY OF THE NARES, LARYNX, AND TRACHEA.

BEING THE MÜTTER LECTURES FOR 1872.

Delivered before the College of Physicians of Philadelphia,

BY J. SOLIS COHEN, M.D.

Reported by R. M. BERTOLET, M.D.

LECTURE I.

EXAMINATION OF THE PARTS.

INSPECTION of the throat by the ordinary means of depressing the tongue permits an examination of more or less of the pharynx and of the epiglottis, and occasionally a glimpse of the upper margin of the larynx; but, as usually performed, it exposes only a small portion of the pharynx. The best method of obtaining the most extensive view possible consists in using a tongue-depressor long enough to reach the base of the tongue and to press it down without slipping, and to stand by the side of the patient rather than in front of him; then, as we look into the throat, which must be well lighted up, we cause the patient gradually to depress the chin upon the breast, and at the same time we press the tongue more and more downward and forward upon the floor of the mouth with a firm though gentle pressure. In this way we can almost invariably expose the entire pharynx, and, with it, more or less of the free surface of the epiglottis. If the patient does not bear the manipulation well, we can depress first one half of the tongue and then the other. Sometimes by titillating the epiglottis with the end of the tongue-depressor we can cause the momentary elevation of the entire larynx, and gain a view of its upper circumference. To examine the upper portion of the pharynx, the head is thrown back, the tongue merely kept from bobbing up by slight pressure upon it, and the soft palate raised by voluntary inspiration. Sometimes a blunt hook is passed behind the palate, in order to raise this structure and thus expose a greater surface of the pharynx to view.

To inspect the interior of the larynx and trachea, we now avail ourselves of little mirrors, which are placed within the cavity of the mouth and held in such a position as to reflect light into these structures and thus present us with an image of the parts illuminated. If the mirror is held behind the palate, so as to illuminate the upper walls of the pharynx and the posterior outlet of the nasal passages, we have in like manner a view of the image of these structures.

The anterior portion of the nasal passages is examined by the aid of some suitable contrivance for spreading the nostrils and thus permitting illumination of the passages.

The method of examining the larynx and adjacent parts by reflection is known as laryngoscopy; that of examining the region of the posterior nares and the upper portion of the pharynx is called rhinoscopy. As is well known, these methods have been perfected of late years only, and, though deemed of great value by the profession generally, have not yet come into constant use. It is to be hoped that they will eventually be as commonly and universally employed as are auscultation and percussion.

LARYNGOSCOPY AND RHINOSCOPY.

The history of the invention was merely illustrated by the lecturer's extensive collection of the various instruments that have been devised from time to time and employed for the examination of these parts. Among the earlier attempts to obtain an inspection of the laryngeal cavity were mentioned and illustrated those of Bozzini with his cumbersome specula, Warden's unwieldy glass prisms, and Babington's with the simple dental mirror. The earliest attempt was made by Levret, in 1743. Without entering into the details of the controversy regarding priority of discovery between Türck and Czermak, the lecturer stated that it was mainly due to the efforts of both of these indefatigable workers that laryngoscopy and rhinoscopy at once gained recognition as valuable and indeed indispensable aids to the practitioner. This is not, however, the occasion to enter into a detailed history

Fig. 1.

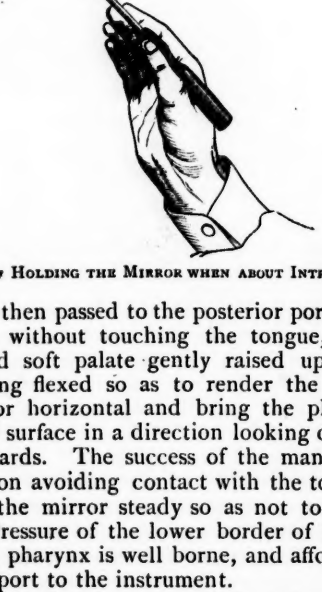
THE LARYNGOSCOPIC MIRROR IN POSITION.

of these subjects. Those who are interested can find all the information to be obtained in the various monographs. Our present object is to discuss briefly the most convenient method of manipulation.

In making these examinations it is necessary to have a good illumination, either from the direct or reflected rays of the sun, or from a good artificial light.

The operation consists essentially in introducing a small mirror within the cavity of the mouth in such a manner as to reflect the light upon the parts to be examined, so that we can see their image in the mirror. The most convenient form of mirror for this purpose is a circular looking-glass about an inch in diameter, well silvered, and firmly soldered to a stem at an angle of about 120°. In some cases a much larger mirror can be used, and in others it is necessary to employ a smaller one. Where the space is encroached upon by enlarged tonsils, it is necessary to use an oval mirror narrow in its transverse diameter. The diagram (Fig. 1) represents the appearance of the mirror in position, and the character of the image reflected from it in a laryngoscopic examination. The head of the patient is erect or slightly bent backwards, the tongue protruded, and prevented from slipping back by being held with a handkerchief or napkin. The handle of the mirror is seized much as one would seize the handle of a pen, with the mirror pointing upwards, its reflecting surface being horizontal and looking downwards; and the hand is moderately extended on the wrist, as seen in the diagram (Fig. 2). The

Fig. 2.



Manner of Holding the Mirror when about Introducing it.

mirror is then passed to the posterior portion of the pharynx, without touching the tongue, and the uvula and soft palate gently raised upon it, the wrist being flexed so as to render the handle of the mirror horizontal and bring the plane of its reflecting surface in a direction looking downwards and forwards. The success of the manœuvre depends upon avoiding contact with the tongue, and keeping the mirror steady so as not to tickle the parts. Pressure of the lower border of the mirror upon the pharynx is well borne, and affords a sufficient support to the instrument.

The small reflecting mirror is heated over a flame for a moment or two, to warm it so that the vapor of the breath may not condense on its surface, an occurrence which would disperse the rays of light and render reflection impossible. Care must be taken not to heat the mirror to such a point as to burn the patient. If the mirror is watched while being warmed in this way, it will be seen that condensed moisture at once deposits, and immediately evaporates from circumference to centre. The moment the mirror is clear it is fit for use. This plan is much better than that of dipping the mirror into hot water.

When the mirror is in position, we recognize in it an image of the larynx and contiguous structures. The oblique position of the mirror throws the image of these structures (base of tongue, epiglottis, etc.) which are in front in the patient to the upper part of the mirror, and those which are behind (arytenoid cartilages, posterior wall of pharynx, etc.) to the lower part of the mirror; these parts appearing reversed,—that is to say, the epiglottis, tongue, etc., which are really anterior, appear as if they were posterior, and the arytenoids, etc., which are really posterior, appear to be anterior, in the image. It requires a little consideration at first to render this reflection intelligible, but after a short study the relations of parts in the subject and in the image can be promptly appreciated.

Impediments to Examination.

With ordinary care and a moderate amount of skill, a satisfactory examination can be made at the first attempt, except in very rare instances. If the impediments to examination depend upon inability or unwillingness to open the mouth, we may, if necessary, distend the mouth by a gag,—such as is used when operating for cleft palate,—or we may introduce a short plain glass speculum and pass the mirror through it. If the tongue rises too much in the mouth, we may control it by placing the finger, a penholder, or something of that kind upon it, as a sort of reminder, to steady it as it were. If the palate and pharynx are very sensitive, we may be compelled to pass the mirror higher up and make its reflecting surface more horizontal, so as to throw the light upon the larynx without touching any of the parts; but this is difficult and constraining; and it is therefore better to accustom the parts to bear the contact of the mirror, by repeatedly touching them with it. The application of astringent sprays, or of morsels of ice, and the inhalation of a few whiffs of chloroform, are methods which promptly control undue irritability; but their use is seldom called for, the irritability being created most frequently by the trembling hand of the manipulator.

If the tonsils are enlarged to such an extent as to preclude the use even of an oval or a very small mirror, their excision becomes necessary.

If an elongated uvula presents an obstacle, it should be shortened by excision, if the use of astringents fails, as is almost always the case, to retract it.

If a depressed epiglottis prevents the reflection of the light to the interior of the larynx, it is to be pulled forward by a blunt bent wire, probe, or whalebone rod, passed behind it.

If the respiration of the patient is spasmodic or hurried, it must be corrected before proceeding to the examination.

(To be continued.)

ORIGINAL COMMUNICATIONS.

SOME CASES OF GUNSHOT WOUND.

BY JOHN H. PACKARD, M.D.,

One of the Surgeons to the Episcopal Hospital, Philadelphia.

AN important question in many cases of gunshot wound is, whether probing should or should not be resorted to in order to determine the presence or the situation of balls or other foreign bodies. It will be remembered that in a recent murder trial in New York an attempt was made to ascribe the death of the victim to violence done in this way by the surgeons; and cases occur in which such a plea might assume, and justly, great weight.

The authority of writers on military surgery has generally been sufficiently decided in favor of this procedure in wounds of the extremities, and against it in those involving either of the great cavities. The question really turns upon the necessity or practicability of extraction. If the missile has done all the harm it is likely to do, or if it is evidently so lodged that its removal would involve either danger or great difficulty, it would be worse than folly for the surgeon to persist in satisfying his curiosity as to where it is or how it got there.

The cases now to be detailed are given in support of this view.

Case I.—In the summer of 1871, on a very hot night, I was called, at about 1 A.M., to see Mr. R., æt. 22, who had been shot in the chest. The circumstances of the affair were very curious. Mr. R. was sleeping in the same room and bed with his friend Mr. B., at the house of the latter, whose family were out of town. They were *both* wakened by the report of a pistol, and Mr. R. found himself suffering intensely from a wound just below the clavicle, on the right side, between the first and second ribs, and about two inches from the median line. The shock was very severe.

When I arrived at the house, about twenty minutes after the shooting, I found Dr. Leach already in attendance. Mr. R., excessively pale, was floundering about in bed, shrieking and uncontrollable, slight hemorrhage taking place from the orifice made by the ball. There was some expectoration of frothy florid blood. With much difficulty, Dr. L. and myself suceeeded in quieting him sufficiently to administer a small quantity of brandy, with a few drops of laudanum; and after a few doses of this, at intervals of fifteen minutes, he became sufficiently calmed to give his account of what had happened. Subsequently he showed great fortitude and resolution. The state in which we found him had been simply the effect sometimes seen in military practice from gunshot wounds even of slight moment.

It appeared probable that Mr. B., whose house had been robbed some time previously under very painful circumstances, had been roused by a noise, got up, took his pistol, which he kept loaded in his bedroom, and then lay down to listen; he fell asleep, when a movement of his bedfellow again partially roused him, and he sprang up; Mr. R. rising at the same moment, Mr. B. fired, thinking him a burglar.

Dr. Hunt was, at our suggestion, called in for further consultation soon after the accident happened.

Until about 5 P.M. of the next day, Mr. R. continued in an extremely critical condition, blanched, cold, and pale, with an excessively rapid pulse, pinched features, and labored respiration.

At the time above mentioned, there was a favorable change in Mr. R.'s symptoms. He had dulness on percussion over the upper two-thirds of the right chest posteriorly, with absence of respiratory sounds; but in front the lung seemed clear. His pulse still remained at about 120 per minute, and feeble; but his mind was clear, and his courage good.

From this time forward he steadily improved under very simple treatment, but with careful watching and good nursing, and in four weeks he was able to be taken home. The dulness on percussion over the back of the right lung cleared day by day. Soon afterwards he began to go about, and is now—eighteen months having elapsed—in perfect health, a gymnast, as before, and in every way quite well.

Remarks.—It would be difficult to name any more dangerous locality for a gunshot wound, not immediately and necessarily fatal. The ball must have gone close to the innominate artery and vein and the right pneumogastric and phrenic nerves. We thought it probable that the second intercostal artery was wounded, and that from this an effusion of blood had taken place in the cavity of the pleura, causing the percussion-dulness and the want of respiratory sounds. During the first seventeen hours his condition was so critical that we could not think of any attempt to find the ball, and subsequently it was equally out of the question to risk interfering with the favorable progress of his case by probing. Moreover, the ball had already done, as it seemed to us, all the harm it could. The probability is that it lodged in the loose connective tissue beneath the right scapula, and that it is encysted there to this day. The calm fortitude and courage of the patient, enabling him to submit quietly to the restraint we imposed on him, had much to do with the happy issue of the case.

Case II.—James C., æt. 31, born in Ireland, and a laborer by occupation, was admitted to the Episcopal Hospital in the evening of September 1, 1871. He stated that he was walking, after supper, with a friend on the "Connecting Railroad." At about 8¼ o'clock a peach train stopped near them, because of some disarrangement of the engine. He and his companion approached an open door, and the inmate of the car asked his companion what was his business, and used abusive language. His companion became frightened, and ran off. C. continued standing by the car, and was shot by the railroad hand. He was brought to the Episcopal Hospital at about 11.40 P.M. There was scarcely any external hemorrhage, and no symptom to indicate any internal. The wound was three and a half inches directly above the umbilicus. When probed, the direction of the ball seemed to incline obliquely from left to right and slightly downwards. He was put to bed, given an ounce of whiskey, and a hypodermic injection of morphia to the extent of about one-third of a grain; was then ordered one teaspoonful of the officinal solution every two hours. Vomited a short time after admission.

September 2.—Pulse good; pain much relieved; dose of liq. morph. increased to two teaspoonfuls every two hours.

September 3.—Pulse good; tongue clean; pain much reduced. Dose reduced to one teaspoonful, with the

same interval; also ordered f℥i of whiskey three times a day.

September 4.—Patient exhibited symptoms of acute peritonitis. Decubitus marked; pain severe; great anxiety of countenance. Ordered twenty-five leeches to abdomen, followed by a turpentine stupe and then a poultice.

September 5.—Much relieved.

September 9.—Had a passage from his bowels.

September 11.—Bowels had discharged freely. No bullet found in fæces. Morphia suspended.

The fæces were examined until the day of his discharge (October 1), but no bullet was found. He went away feeling perfectly well.

Remarks.—In this case also it seems most likely that the bullet lodged somewhere in the connective tissue, the intestines yielding to its passage. What special organs were endangered, it is impossible now to say.

I may remark that the probing was all done before I had seen the man at all, and that, in my opinion, it was not only useless, but dangerous, so soon as the fact was ascertained that the bullet had traversed the anterior wall of the abdomen.

Case III.—On the 3d of July, 1872, a man, æt. 30, was brought into the Episcopal Hospital, having been shot in the right eye by a policeman, with a pistol. The ball was supposed to have entered the brain. The man's symptoms were those of collapse. He rallied, however, and was seized with nausea and vomiting. The resident surgeon, standing by, heard some solid body strike the basin, and found it to be the ball, flattened and bent out of shape. No untoward symptoms followed; but the eyeball suppurated, and on the 11th, eight days after the injury, I excised it. Everything went on well, and the patient eloped from the hospital about two weeks later, to escape re-arrest by the police.

I have since seen him, and he is perfectly well.

Case IV.—David B., a policeman, æt. 48, shot himself in the head with a pistol, July 4, 1872. He was brought to the Episcopal Hospital the next day. The ball had entered almost exactly at the centre of the forehead, making a small orifice, in the skin around which there were imbedded numerous grains of powder. A probe was carefully passed backwards about three and a half inches, without meeting with the slightest resistance. The ball was not felt. He showed no signs of cerebritis, but was melancholy, and expressed himself determined to die.

He lived, almost without symptoms except mental excitement and delirium, for sixty-eight days, his death being the result of exhaustion.

An autopsy was made on the 14th of September, four days after death, the head only being examined. He was greatly emaciated.

The wound in the forehead was a very little to the left of the median line. Encysted at the hole in the skull there lay two pieces of the bullet and a little bit of bone. Several bruises, or, at least, ecchymoses, were noted in the scalp, one very large one a little above and behind the left ear.

The calvaria was very much congested. All over the surface of the left hemisphere there was effusion of lymph, and the brain was very full of blood. The track of the bullet seemed lined with consolidated brain-matter, and the bullet itself lay imbedded in softened and bloody brain-matter, close to the upper surface of the brain, near the longitudinal sinus, having apparently gone directly backward until it came in contact with the dura mater. Below, and corresponding to the large bruise of the scalp before mentioned, there was a very considerable effusion of blood, perhaps partly absorbed. A good deal of bloody serum was effused in both lateral ventricles.

The cerebellum was congested and softened.

Remarks.—The probing in this case was done with the utmost care and gentleness,—once only, and then because we could not otherwise know that the ball had passed out of reach. Its result might have been valuable; for had this man been accidentally shot, and willing to second any attempts for his relief, I would have placed him on his face, with careful mechanical support arranged for the head, with a view to letting the ball gravitate towards the orifice of entry. As it was, we could hardly keep him in bed at all, restraint, by means of handcuffs fastened to the bedstead, being necessary almost the whole time.

The bruise at the left side of the head was the result of a blow from a club in the hands of a prisoner, some weeks before the man shot himself. The medico-legal question arose, how far this blow could be assigned as the cause of mental aberration, and thus of the fatal act. The grand jury decided, in my opinion very properly, that there was no distinct evidence of connection between the two events.

1928 Spruce Street, January, 1873.

REMARKS ON SOME OF THE PHYSIOLOGICAL AND THERAPEUTICAL ACTIONS OF VERATRUM VIRIDE.

Read before the Medical Library and Journal Association of New York.

BY EUGENE PEUGNET, M.D.,
New York.

(Continued from p. 247.)

II. ITS MODE OF ADMINISTRATION.—The preparation of this valuable remedy has led to an elaborate and varied series of chemico-physiological investigations. Although Messrs. H. W. Worthington, Joseph W. Richardson, Dr. S. R. Percy, and M. Bullock have worked earnestly, they have all failed, with the exception of Mr. Worthington, who demonstrated the existence, in the root, of an alkaloid, the veratroidia, and of Mr. Bullock, who demonstrated the existence of a second alkaloid, the viridia. My investigations confirmed the existence of these alkaloids, and demonstrated their distinct chemical reactions and physiological actions; further, that the remarkable sedative powers of the plant were due to the *combined action* of the alkaloids. Unfortunately, they were not conclusive enough to demonstrate the exact proportion of each alkaloid necessary for that purpose, and, like my predecessors, I was compelled to fall back on its tincture and its fluid extract.

Why? Because it is a recorded fact that in our researches for the active principles of vegetable remedies we find that, although chemistry enables us to separate the active principles of plants, physiology demonstrates that the action of these principles frequently varies from that of the plant

itself. Yet this is not surprising; for do we not in the preparation of our pharmaceutical compounds endeavor to, and do we not actually, effect chemical combinations of mineral substances in order to obtain either an increased or a modified action? Is it therefore surprising that this chemical combination should exist in organic substances?

The active principles of plants generally exist as gallates or tannates, and are held together in intimate combination; it is in that form that we should endeavor to obtain them: unfortunately, our chemical knowledge does not enable us to do so as yet, save by extracting the active principles of plants with alcohol.

Numerous formulæ have been suggested, but there are only two in vogue at present,—Norwood's tincture and the fluid extract.

These preparations are not always reliable, owing to the careless manner in which the root is gathered, and also to the length of time it has been kept. To obviate this, and to obtain a saturated tincture of uniform strength, I consider the following rules imperative:

1. The root should be gathered immediately before the plant blossoms, as it is then in its full vigor. About the middle of May is the appropriate time for this latitude.

2. The root should be allowed to dry spontaneously for forty-eight hours, the small rootlets then carefully removed, and the root ground or *bruised*.

3. The best formula is Norwood's, which has been adopted in the United States Dispensatory; with this modification, however, that the bruised root should be allowed to macerate for at least forty-eight hours before being placed in the percolator.

Experience and study have taught me that this is the best method for preparing tinctures, whether of the blossoms, leaves, stems, barks, or roots, and that all tinctures should be prepared on the native soil of our pharmaceutical plants; thus obtaining a uniform strength of tinctures.

III. Its Hypodermic Administration.—As it has so far been impossible to separate the alkaloids in their natural combination, I have made the following experiments, with—

1. The alkaloids extracted from the root by means of acetic acid;

2. Norwood's tincture, to which an acid reaction was given with acetic acid, then an equal volume of distilled water added to it, and the whole evaporated on a water-bath till all the alcohol was expelled, thus reducing the mixture to the original volume of the tincture, then separating the precipitated resin by a filter;

3. By preparing gallates and tannates of the alkaloids.

The first two produced such irritation on my arm, as well as on animals, that I do not consider the practice advisable. This irritation is due to the veratroidia, and my experience with it will probably account for the hypodermic injection of veratria having been practically abandoned in France.

The gallates and tannates are insoluble salts, and therefore I did not experiment with them.

The viridia alone is not irritant, but it is *inert as a sedative*.

Veratrum viride is not so much in vogue as formerly, owing to the uncertainty of its preparations, to its misapplication, and to its disagreeable and even somewhat alarming effects.

The objection to the uncertainty of its action is easily guarded against.

The one against its misapplication lies in the power of every practitioner to obviate; that is, accuracy of diagnosis, a proper appreciation of the therapeutical applications, and a proper knowledge of its physiological action.

As to its disagreeable and alarming effects. The first are easily guarded against by giving a few drops of Magendie's solution with it, which is rarely necessary after the first dose. For children, a few drops of paregoric will answer. In reference to the latter, they have been, I am inclined to believe, greatly exaggerated, and they are in a great measure due to the manner in which it has been generally administered, that is, five- to six-drop doses hourly, and increased *guttatim*. Although the remedy is not cumulative in its sedative action, it has a decided action on the pneumogastric nerve, and through this action it causes nausea and vomiting; but if we administer a full dose—ten to fifteen drops—we have at once a decided sedative action, and we can regulate it by a proportionate reduction of the dose, and a proportionate interval between each one. Whilst I have seen unpleasant effects induced by increasing the dose *guttatim*, I have never seen any unpleasant effect from adopting the opposite course.

I know of no agent in pharmacy which is more potent and decided in its action as an arterial sedative and a depressant of caloric. It acts much more rapidly than aconite; moreover, its action is entirely different: aconite acts primarily on the spinal centres, and its secondary action on the vaso-motor system is twofold; primarily in small doses it acts on the cardiac plexus, causing a contraction of the vessels, diminishing the flow of the blood; secondarily, in three- to five-drop doses it causes a dilatation of the blood-vessels, and the rapidity of the circulation is greater. Hence its therapeutical application under the accepted view of the phenomena of inflammation would be due to its primary action and in small doses; but I must confess that I have never been able to see its decided action on the circulation in the more acute inflammatory affections, and in the dynamic fevers its use is certainly contraindicated; whilst if the accepted view of the phenomena of inflammation is correct, we should endeavor to reduce the increased action of the circulation, and to diminish the temperature, which can only be done by paralyzing the vaso-motor nerves, and that action appertains *a fortiori* to veratrum.

The action of aconite is *par excellence* in febrile reactions with *peripheral nerve-pains*, in neuralgia involving the peripheral nerve-expansions, upon the local and dermal hyperæmia due to an arthritic diathesis; thus demonstrating its special and primary action on the spinal nerve-centres, by diminishing the hyperæsthesia.

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The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

THE REPORT OF THE SURGEON-GENERAL OF THE NAVY.

SOME weeks since, we laid before our readers a summary of the leading points in the report of the Surgeon-General of the U.S. Army for the fiscal year ending June 30, 1872. We have now to notice the corresponding naval report, made by Dr. Thomas C. Palmer, Chief of Bureau of Medicine and Surgery, to the Secretary of the Navy.

The body of the report itself is composed largely of estimates for the fiscal year to begin July 1, 1873, and of recommendations in regard to matters connected with the service. The total disbursements to be provided for in the way of salaries, surgeons' necessaries and appliances, repairs and improvement of hospitals, civil establishment, contingent expenses, and printing and binding, are calculated at $196,868, against $168,732 for the present year.

Among the recommendations, the first seems highly reasonable, viz., that a profitable investment should be made of the hospital-fund (derived from a deduction of twenty cents per month from the pay of every officer, seaman, and marine), as in the case of the pension-fund. The hospital-fund amounted, on the 1st of October, 1872, to $73,910.04, which, according to the estimates, will be wholly inadequate to meet the expenses to which it would legitimately be applied. Judiciously invested, this sum might be very handsomely increased in a few years. We trust the requisite steps towards such an economical arrangement will speedily be taken.

To the next recommendation, that of the appointment of a search-clerk to attend to applications for evidence for the Commissioner of Pensions, we have only to object that it is too moderate: two or more clerks would probably find abundant occupation. In the document before us, two new hospitals are proposed, one at Portsmouth, N.H., at an estimated cost of $60,000, and one at Pensacola, Fla., to supply the place of the one destroyed during the war. Forty thousand dollars will be needed for the current repairs of the other hospitals.

Of special interest to medical men is the following passage:

"Finally, I have to implore, for the sake of our sick and wounded in line of duty, some increased facilities for purely naval education in our medical officers. The necessity of this is practically acknowledged and liberally provided for, almost to the reproach of this great nation, by foreign governments. We have official reports of those elaborate designs and developments, as presented in Appendix F" (presently to be noted). "We are shamed by them. We are reminded that *noblesse oblige*, and that the very grandeur of our country, and the pride of every citizen in it, demand at least as much cultivation in our officers as we familiarly find abroad. Every American travelling in Europe, and hailing, as we always do, the flag that represents our country, feels keenly then, what strikes him less forcibly at home, any exhibition of deficiency in his native officers. His pride revolts at the unavoidable and disadvantageous contrasts he is forced to acknowledge; so that it is familiar with us to say that if we could only once take some of our leading statesmen on a cruise, there would no longer be any difficulty in encouraging our ambition at least to equal, if difficult to excel, other nations. At home, even, we have the high example of the army, with its brilliant museum, and constantly increasing volumes of inestimable results of experience in war. The country is equally entitled to the literary and scientific labors of the navy; and its officers of all grades are eager to render them."

This passage, so far as we can understand it, is as laudable for its patriotism and its correct professional tone as it is deficient in logical sequence and argumentative force. Another paragraph much in the same style follows, and then this, which contains some curious things:

"To accomplish these ends, I propose the appropriation of $15,000 as the commencement of a school of instruction for medical officers preparing for promotion, *and as a receptacle for marine specimens in natural history voluntarily contributed;* a library; a lecture-room, with naval officers for teachers; a microscopical apparatus, *and various other appliances in*

familiar use everywhere except in our own land." (The italics are our own.)

It seems as if the Chief of Bureau must have entrusted the writing of his report to a clerk, and read the proofs carelessly, if at all. We earnestly hope his aims will be clearer to the Secretary of the Navy than the report would make them to any one previously ignorant of the matter in hand, and that they will be carried out as their importance deserves.

The appendix above referred to is an excellent account, taken from a report by Medical Inspector Shippen, of the Army Medical School at Netley, England, to which naval officers have this year been admitted.

The following statistics possess some interest:

"The average strength of the Navy—officers, seamen, marines, engineer service, and Coast Survey included—for the year 1871, as near as can be ascertained, was about 11,819.

"The proportion of cases admitted to the whole number of persons in the service was about 1.02, or each person was on the sick-list $1\frac{1}{2}\frac{1}{0}\frac{1}{0}$ times during the year. The proportion of deaths to the whole number in the service was .01, and the percentage of deaths to the whole number of cases was .099, or less than 1 per cent."

OUR PUBLIC SQUARES.

EVERY autumn, the public squares of this city are closed, to be opened only late in the spring. Perhaps this is unavoidable, so long as the walks are laid with gravel; but it is none the less an absurd and grievous abuse. These parks ought to be perpetually available for invalids and children, and they could easily be made so by the laying of broad flagstones, or slate or asphalt pavements, or by in any way preparing the ground so that it would quickly dry after snow or rain.

Vastly greater expense than would be involved in such an improvement is yearly incurred by the city for far less important ends. The first cost would, after all, be the main thing; for the repairs from time to time needful for a well-laid flag or slate pavement would be but trifling, whereas the gravel has to be in fact renewed annually. We believe nearly or quite all the squares in New York have been laid with stone, and are open all the winter. As a measure for the public health, the same ought to be done in Philadelphia. Such an improvement would benefit all, rich or poor, who are now often precluded from open-air exercise by the state of the footways, and would give the squares double their present value.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE PRESIDENT, DR. D. HAYES AGNEW, in the chair.

A CONVERSATIONAL meeting was held December 11, 1872, at 8 o'clock P.M.

Dr. O'HARA mentioned a case of obstruction of the bowels preceding labor, continuing five or six days. There was peritonitis, which was followed by a discharge of pus from the vagina. The patient has since recovered.

Dr. W. L. ATLEE thought it probable that in the case mentioned, the obstruction in the rectum was the result of post-uterine pelvic cellulitis. This opinion was based upon the fact that the labor was severe and tedious, and that the obstruction was removed after the discharge of pus from the vagina. An examination before and after the existence of the difficulty might have shown the true cause.

Dr. Atlee had met with several cases of obstinate obstruction of the bowels. He could recall to mind one of particular interest: Saturday night, July 14, 1860, he was called to see Mrs. E. C., aged 50, in consultation with Dr. D. F. Condie. For two years she had been more or less complaining, and for three weeks before he saw her, she had suffered considerable distress in the bowels. Dr. Condie saw her for the first time on Friday, the day previous, and failed in having her bowels moved, everything having been rejected from the stomach.

The abdomen was greatly distended, very tense, and drumlike on percussion. The most tender point on pressure was in the region of the left iliac fossa, but no spot of special hardness or of dulness on percussion could be made out. She was suffering great distress from pain, constant vomiting, and excessive thirst. The pulse was full, soft, and about 100 to the minute. There was every indication of obstructed bowels, as in strangulated hernia. But she had never had hernia, although she had repeatedly had lighter attacks of a similar kind.

On making a particular examination, a slight enlargement was observable in both groins, but unaccompanied by hardness or tenderness on pressure. The protuberances rolled under the fingers very much as do small femoral herniæ. Neither of them was in such a condition as to give rise to the opinion that the source of trouble originated here.

Dr. Condie had given the patient fifteen grains of calomel in the evening, several hours before the period of consultation, and it was agreed to follow this up with alterative doses of the same medicine, adding opium suppositories, and turpentine stupes to the abdomen.

Sunday morning, the 15th, Dr. Atlee and Dr. Condie saw the case again. The symptoms were not relieved. On inspecting the groins again, a slight increase of the tumor in the right side was noticed, accompanied by a semi-resonant sound on percussion, but in other respects it was entirely unlike a strangulated bowel. Treatment continued.

Sunday night.—The patient not relieved. The thirst continued extreme, and the vomiting incessant. Pulse more frequent, but still full and soft, and skin normal. The tumor in the right groin rather larger, but not tight or sensitive. It was decided to cut down upon this tumor in the morning, if the patient was not better.

July 16.—The patient still not relieved, and the general symptoms worse. The wrists and hands were cold and of a purplish tinge, the pulse smaller and more frequent, and all the symptoms more alarming. Dr. Atlee cut down upon the tumor in the right groin, and a mass of fat of the size and shape of a small egg was

liberated from a peritoneal cyst. This was traced up to the crural ring, and found to protrude through it. He now scarified this mass of fat and tore it apart, but for some time he could find nothing like intestine. He next cut the edge of the crural ring on the outside, so as to enable him to liberate more of the tumor from the ring, when he found about an inch of the intestine protruding, and so incorporated with fat that it was difficult at first to recognize it as a portion of intestine. The excess of fat was now cut away, and the bowel was returned. The little finger was next passed through the crural ring into the peritoneal cavity, and no adhesions were detected within. The bowel had a normal appearance, very unlike one that had been strangulated. The wound was closed, and the patient ordered an anodyne and brandy.

The same night the patient was found in a state of collapse, and the obstructions not removed. The wrists and hands were quite cold and clammy, and the pulse exceedingly feeble. After the operation, the patient had a frequent desire to evacuate the bowels, but passed nothing. There was also constant regurgitation from the stomach. Dr. Atlee operated now upon the tumor in the left groin, and found a similar mass of fat protruding through the crural ring. This was also unravelled, but no intestine was found. It was excised, and the ring explored by the little finger. Ordered turpentine and castor oil by the mouth and by injection, with stimulants.

July 17.—Patient died at 12.30 A.M., there having been no relief from any mode of treatment.

Autopsy, twenty-two hours after death, by Dr. Drysdale, in the presence of Drs. Condie, Atlee, and Burpee. The abdomen was greatly distended, and resonant everywhere on percussion. The walls were well loaded with adipose and muscular tissue. On laying aside the flaps, there were observed no peritoneal adhesions indicating the previous existence of peritonitis. The colon was immensely distended throughout its whole extent from the caput coli down to the lower end of the sigmoid flexure. Its vessels were greatly engorged, and throughout its whole extent it had a dark mahogany color. The transverse colon, particularly, was enormous, its diameter being at least five inches. On tracing down the colon to a point opposite the promontory of the sacrum, the dilatation was found to terminate abruptly into a very contracted portion of the bowel, which was occupied by a scirrhous deposit, beyond which, clear to the anus, about seven or eight inches in length, the bowel was normal. The small intestines from one extremity to the other were contracted and free from disease. Not a particle of gas seemed to have escaped from the colon into the small intestines. The pylorus, however, was thickened and solidified, and its orifice contracted to about one-fourth its size. The stomach was filled with fluid.

The sigmoid flexure and rectum were removed for further examination. The contracted portion embraced but a very small portion, perhaps not an inch in extent, and consisted of cancerous deposit. The mucous coat of this portion was in a state of ulceration, and at a point close above the stricture the ulcer had perforated all the coats of the bowel, except the peritoneal, and this partially, so that a very slight pressure caused its rupture. The passage through the strictured bowel was so small as scarcely to admit the flat handle of the scalpel.

The right groin was next examined The edges of the wound had become agglutinated. Upon inspecting the crural ring from within, a small knob of fat was noticed, which evidently was a portion that had been returned at the time of the operation, and near this was a red patch, like an abrasion, but no opening in the peritoneum. The finger, when pushed through the ring from without, could be carried round in every direction without discovering an opening into the peritoneum, but when directed against the abraded surface the latter was found to be attenuated. This point had evidently been closed by a recuperative process after the operation.

The left groin was also examined, but there was no indication within that the peritoneum had been perforated.

Some small hydatids of a dark color were attached to the right broad ligament. Both ovaries were atrophied. The uterus was normal. The mesentery throughout was thickened and opaque.

Dr. Atlee referred to another case of obstruction, which had occurred in his brother's practice at Lancaster, when he was a pupil in his office. Mrs. S. had been treated by various means for ten or fifteen days without relief, when upon consultation it was decided to administer quicksilver. This in the course of two or three days had the desired effect. The obstruction was removed, the quicksilver passed through her, alvine evacuations followed, and her recovery was complete.

Dr. Atlee remarked that it had always been a mystery to him how quicksilver accomplished its passage through the bowels. As it has in itself no medicinal action, it must act in consequence of its great weight; and yet, when the several convolutions of the bowels are considered, it would seem to be under the necessity of travelling at times against gravity. He could understand how it might pass from the stomach through the small intestines, and through the ileo-cœcal valve into the ascending colon, by it at times becoming as it were a fixed point upon which the peristaltic or vermicular motion of the bowels could operate in drawing certain ascending portions over it. But in the ascending colon, which is so firmly fixed in position by the mesocolon, such a result could not be expected. Still, even here, a recumbent position of the body would aid its transit. If he were to administer this agent, he would order his patient to occasionally change the position of the body in order to facilitate its progress through the alimentary canal.

Another case, referred to by Dr. Atlee, also occurred in the practice of his brother. Mrs. H., a corpulent lady, died of irremediable obstruction of the bowels, and, upon making a post-mortem examination, a large gall-stone was found blocking up completely the valve of Bauhin, and producing all the effects of strangulation. The gall-stone had ulcerated through the coats of the gall-bladder and of the adjacent intestine, had entered the cavity of the latter, travelled through the small intestines, and finally lodged firmly against the valve, and thus obstructed the bowels.

Dr. Atlee referred to another case of death from obstruction of the bowel, which followed some months after recovery from an operation for strangulated scrotal hernia. He operated in the spring of 1845 at Mount Hope, Lancaster County, on Mr. G. S., for strangulated scrotal hernia. The bowel had been imprisoned for ninety-six hours, and when the sac was opened the bowel was in a state of sphacelus. The dead intestine was slit open, and the contents above were washed out. The patient recovered with an artificial anus, which, however, gradually closed, so that all the contents of the bowel were passed in the natural way. The succeeding autumn he went nut-hunting, and ate an enormous quantity of chestnuts, which, collecting in the vicinity of the injured bowel, caused an obstruction which resulted in his death.

In reference to hernia with sphacelated bowel, Dr. Atlee referred to another case. He had been called to see Mrs. J. F., on the night of September 30, 1849; she was in an apparently moribund condition, with a cold, clammy skin, and almost pulseless, the result of strangulated femoral hernia. She had been treated for several

days for colic by her brother-in-law, a homœopath. The symptoms becoming more and more urgent from day to day, a regular physician was called in two days before Dr. Atlee saw her, and, after having tried for two hours to reduce the bowel, left the patient and did not return. When he saw her, she was in such a hopeless condition that he did not encourage an operation. But the lady insisted upon an operation. It was done by gaslight, and the whole of the extruded bowel was gangrenous. She recovered slowly, with an artificial anus, and was able to sit up on the 29th of October. The parts were treated by applications of nitrate of silver and compresses, and the opening closed by the 29th of December following. This lady is now living in Norristown, and has enjoyed excellent health ever since.

While on the subject of hernia, he would refer to another case which he saw with his brother in Lancaster. A German woman had recovered from an operation for strangulated femoral hernia. Several days after danger seemed to have passed over, she was suddenly seized with peritonitis, and died. An autopsy was made, and a lumbricoid worm was found in the peritoneal cavity, and a round opening corresponding in size to that of the worm was discovered in that portion of the intestine which had been strangulated. The worm had evidently escaped from the bowel through this opening, and was the cause of death, after the patient's life had apparently been saved by the operation.

Dr. ATKINSON referred to the case of a minister, who, for the relief of a colic, by the advice of a "wise woman," swallowed a leaden bullet. The pain having been relieved, the clergyman began to experience doubts as to the passage of the bullet, and to calculate upon the probable results of its retention. But this trouble was soon, though not very agreeably, dissipated by an assurance from the old woman that it could not fail to pass, for the same bullet had already passed in some twenty other instances.

Dr. J. H. GROVE stated that the interesting and instructive remarks with reference to cases of strangulated hernia recalled to his mind a case which came under his care, in St. Mary's Hospital, more than a year ago. The patient was a man, aged about 40, with a strangulation of a large scrotal hernia of the right side; which occurred on a Saturday evening, about 9 o'clock. He was admitted into the hospital the following afternoon. He first saw him at 5 P.M. upon that day.

The scrotum was extremely œdematous and livid. There was crackling under pressure, showing commencing decomposition. His pulse was frequent and feeble. Skin cold, with clammy perspiration; and he had stercoraceous vomiting.

He learned that taxis had been applied for several hours. He immediately proceeded to operate, and found, upon opening the sac, that along with the intestine it contained a quantity of claret-colored fluid. The stricture, which was very tight, was at the internal ring. The intestine was of a dark-purple color; its walls were œdematous and soft.

After dividing the stricture, he pulled down about half an inch of the intestine, and found the arrest of discoloration quite abrupt at the seat of stricture.

While manipulating the intestine, owing to its fragile condition it gave way at three different points, two of which were only partly through its walls, causing considerable bleeding; the other rent was entirely through, by which a red-colored fluid spurted up in a stream about twelve inches high, so that it was caught in a basin.

He placed a ligature around each separate laceration, upon the sides of the intestinal walls, cutting the ligatures short and allowing them to remain. The intestine, with about half an inch of the healthy part drawn down, was allowed to remain in the scrotum, and the incisions were closed by silver sutures.

Peritonitis supervened; a large abscess formed in the scrotum. Other unfavorable complications occurred; but, notwithstanding all, he recovered without an artificial anus; and in four weeks from the time of operation he left the hospital cured.

Professor AGNEW asked whether the bowel did not remain irreducible.

Dr. GROVE said that, when he last saw the patient, only a small portion, corresponding with the incision, remained irreducible.

Dr. ST. CLAIR ASH said that he saw the case, and considered it a very interesting one.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY, DECEMBER 26, 1872.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. J. H. CATHCART presented a specimen of *rodent cancer of the neck of the uterus*, removed from Mrs. Susan S., aged 33, married; had four children, the oldest 13 years and the youngest 3 years old. She had never had any trouble until eighteen months ago, when she began to suffer from severe pains in the back and loins. These were followed by a fetid watery discharge from the vagina, and by frequent and profuse hemorrhages. She consulted no one until about eight months ago, when she was examined by a physician, but was not treated. Dr. C. first saw her in September, and on examination found the cervix completely gone, and a large ulcer occupying the lower part of the uterus. The patient was slightly benefited by treatment which consisted in tonics and stimulants and in local applications, especially permanganate of potassa; but the doctor was obliged to desist from that part of the treatment, on account of the excessive pain caused by the introduction of the speculum. Her general health improved for some time, but frequent hemorrhages soon reduced her strength again, and she gradually sank, and died December 16.

On post-mortem examination the uterus was found in the condition presented. The entire cervix was destroyed, and the lower third of the body of the uterus. The vagina was not involved, nor was any other organ apparently affected.

Dr. JOHN ASHHURST, Jr., said, in reply to a question, that he was not disposed to regard the so-called "corroding ulcer" of the os uteri as identical in nature with the "rodent ulcer," or "Jacob's ulcer," met with in the face and other parts. The former affection, he believed, was generally acknowledged to be of an epitheliomatous character, and clinically malignant; but the structure of the "rodent ulcer" was still a matter of dispute,—Billroth, Moore, J. Collins Warren of Boston, and others, looking upon it as a true cancer, Collis of Dublin regarding it as analogous to the fibro-plastic tumor (spindle-celled sarcoma), and Paget finding in it no structures but such as are met with in ordinary chronic ulcers. While such diverse views thus prevailed as to the anatomical characteristics of the "rodent ulcer," Dr. Ashhurst thought that from its long duration, from its maintenance throughout of a strictly local character, from its not involving neighboring lymphatic glands, and from the permanent relief afforded by complete extirpation, it should be placed clinically among non-malignant affections.

DR. W. SINKLER has been elected one of the physicians to the Orthopædic Hospital and Infirmary for Diseases of the Nervous System.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SEMI-MONTHLY MEETING, January 8, 1873.

Reported by JAMES S. BAILEY, M D.

DR. ALBERT VAN DERVEER, President, in the chair.

THE following-named gentlemen were proposed for membership: Drs. J. Emerson Allen, Almon S. Allen, and Frank Garbutt.

Dr. J. V. P. QUACKENBUSH offered the following resolution:

"*Resolved*, That the County Medical Society shall give an entertainment to the State Medical Society at its next annual meeting, and that a committee of six be appointed to perfect the arrangements." Carried.

The President appointed as such committee Drs. Quackenbush, James P. Boyd, John Swinburne, Freeman, M. P. Hun, and Wm. H. Bailey.

On motion of Dr. Quackenbush, the President was made chairman of the committee.

Dr. CHARLES DEVOL read a paper on the medical use of alcoholic stimulants.

Dr. THOMAS BECKETT inquired what authorities claimed that alcohol was not a nutrient and assimilant, and referred to his own experience in an attack of pneumonia; he had taken many pharmaceutical remedies—carbonate of ammonia, muriate of ammonia, etc., but nothing answered the same purpose as alcoholic stimulants, and he thought they could be taken without risk. The habitual use of other stimulants has produced evil results; and the fact that alcohol was not found in nature was no objection to it, since neither is morphia nor chloral, etc., but still they were excellent remedies, and could not be dispensed with. He thought no remedy of a stimulating nature answered so well in fevers as alcohol.

Dr. DEVOL thought that either chemistry or therapeutics would answer the question, and that in Dr. Beckett's case the effect he described was due to the other remedies he had taken.

Dr. BECKETT remarked that the other stimulants gave him headache, but whiskey did not; it relieved his night-sweats, and acted as a sedative and promoter of sleep. He thought alcohol did not increase the heat of the body.

Dr. JOHN SWINBURNE inquired of Dr. Devol what proportion among foreigners who drink intoxicants die from cholera. According to his observation, nearly all classes of English, Germans, French, and Irish drink gin, beer, or porter; he was of the opinion that those who did not drink were just as likely to take cholera.

Dr. DEVOL remarked that he had never been abroad, but he believed from statistics in his possession it was estimated that in England forty gallons of beer were drunk per man, and that Paris was more intemperate in the use of wine than any other city.

Dr. SWINBURNE remarked that in Europe liquor cost more than all the other expenses of living put together; that in Germany and France they drank light wine, but did not get drunk, and he believed that but a small part of the liquor imbibed was prescribed by physicians. He thought that in our cities the larger class of drunkards was not from the lower walks of life, but that children reared in the country came here and fell into intemperance; he contended that whiskey did not shorten life, its effects were only temporary. Old age and certain temperaments required it; some bore stimulants well in fevers, and some could not take it.

Dr. Swinburne, when asked in reference to the allowance of spirits in the French army, stated that soldiers had from a pint to a quart per day.

Dr. CHAS. S. HOYT referred to an excellent paper written by Dr. Coventry at the time of the cholera in 1853, and remarked that those most liable were not the intemperate, but those who were trying to reform. Alcohol is a sedative, and is used extensively in this capacity by physicians in lunatic-asylums, in certain forms of insanity, to compose their patients. It was considered indispensable. In cases attended by rapid wasting, it was very beneficial; it increased digestion, and when nutritious diet was given it prevented the rapid decline in flesh.

Dr. BLATNER'S experience, when a student at Leipsic, while cholera was prevailing, was that red wine was used by everybody, and recommended by the professors for its nutrient and astringent effects. Speaking German fluently, he mingled freely with the inhabitants, and scarcely met a drunkard, and he believed that in Berlin the poorer classes owed their lives to the use of beer. They were paid small wages, and lived on rye bread and beer, and immorality was not observed to result from the use of it.

After a recess for refreshments, Dr. LORENZO HALE read a paper on syphilitic paraplegia caused by gummy tumor in the spinal cord.

T. H. G., colored, aged 31, died with paraplegia. He had primary syphilis five years ago, was treated several weeks until ptyalized when first attacked, and from this circumstance discharged his physician.

He first consulted Dr. Hale in July, 1870, about two years before his death. There was a large irregular white scar on the prepuce; the meatus urinarius was elongated in the direction of the frænum, and indicated the site of the primary chancre. Sarcocele had existed for some months, both testicles being enlarged. He had fever, and pains in the limbs and joints and testicles, and complained of sleeplessness.

After several weeks' use of iodide of potassium, he resumed work, and temporarily there was a general improvement in the symptoms.

During the last year of his life there was paralysis of the right leg, which came on gradually. Six months before death he had facial palsy of the left side, of short duration.

He finally became bedridden, and was so feeble that he could not turn in bed. Sensation and motion in the left leg were impaired; upon pinching the right leg, no pain was felt; he could not distinguish the difference between heat and cold when applied to the limb; his mind often wandered. The iodide of potash was neglected, and he relapsed. There was incontinence of urine and of fæces for the last two weeks; two to three pints of ammoniacal urine were drawn off twice daily. There was ascites, and finally the paraplegia became complete on both sides. There was a cold sensation upon touching the body for one week before death.

Necropsy forty-eight hours after death. Body emaciated. The abdominal cavity only was opened; it contained no fluid. Bladder empty and contracted. Kidneys presented appearance of having passed the third stage of atrophy of the waxy kidney. The second, third, and fourth lumbar vertebræ and a corresponding section of the spinal cord were removed. The cord was congested, and a gummy tumor from three-eighths to half an inch in diameter was found lying in the substance of the cord opposite the third lumbar vertebra.

Ricord is of the opinion that gummy tumor never occurs earlier than six months, and usually during the seventh year.

Hammond says intra-spinal tumors may result from the syphilitic, scrofulous, or cancerous diathesis, and relates a case of paraplegia resulting from a supposed syphilitic origin, which was cured by the use of iodide of potash.

Durkee says that they have been found in the substance of the skin, and in the subcutaneous cellular

tissue and muscles, also in the tendons, epididymis, testicle, liver, lungs, brain, bones, etc.

The microscopical appearances of gummy tumors are thus described by Lebert. A thin section of the tumor is found to consist of loose fibrous tissue, made up of pale elastic fibres, including in their interspaces a homogeneous granular substance, the elements of which are less adhesive to each other than in deposits of true tubercle. The granulated cells or corpuscles do not exceed in size .005 of an inch. They are rounded, and contain an irregularly granulated substance; some of the larger corpuscles attain the size of .0075 of an inch, have pale and irregular walls, and appear to contain a rounded nucleus.

Dr. WM. MORGAN presented a pathological specimen of cancer of the womb, taken from a case that personally he knew but little of, as he was only called to see her about one week before she died. He had gathered the following history from her and her attendants before her death:

Mrs. ——, aged 56, Irish, married thirty years, had had one child. Nine months ago her disease was pronounced to be cancer of the uterus; Dr. M. was unable to learn how much longer she had suffered from this trouble.

When taken, she was a large, fleshy woman, and seemingly enjoyed good health; but after the appearance of the disease she had gradually grown thin, without having suffered much generally, though at times she had paroxysms of severe pain. She generally slept well, and had a good appetite until about ten days before her death. Her life was active, attending daily to household duties, and some days she took long walks to visit friends.

The discharge was constant for the last nine months, and was very offensive. Ten days before death, her left leg began to swell, and became twice its usual size.

The approach of death was manifested by the twitching of the voluntary muscles of the upper extremities. The legs seemed to be paralyzed. She lost the power of speech, and became comatose four days before death.

Necropsy, twelve hours after death.

No organs were allowed to be examined beyond the pelvis. The disease was scirrhus, and implicated the whole uterus; the os, neck, and about half of the body, particularly on the left side, were entirely destroyed by ulceration. The disease had then attacked anteriorly the inner wall of the vagina, which was greatly diseased. It also extended back to the exterior walls of the rectum, but no perforation was discovered into the intestine.

THE PRESIDENT presented for inspection a specimen of mono-bromide of camphor, which has been used in Germany for the last ten years in mania a potu. Dr. Hammond, in the *New York Medical Journal* of May last, has written upon the subject. He uses it also in convulsions and nervous diseases; the dose is from one to four grains, repeated every two or three hours if necessary.

Dr. JOHN V. LANSING presented pathological specimens illustrating pericarditis, which were remarkable for the thickening of the pericardium, which adhered to the walls of the heart so firmly that no movement could take place. This condition was caused by inflammation.

The kidneys indicated the second stage of Bright's disease. The pericarditis was not discovered until after death. The legs were enormously swollen, and when he was first seen his urine was albuminous. The heart-sounds were indistinct and irregular; there was no valvular murmur, and the sounds were indistinct.

The dropsy was supposed to be the result of Bright's disease. There was also œdema of the lungs.

Dr. Lansing asked whether this case was complicated by disease of the kidney, or was the heart-disease the primary affection brought on by taking cold by getting wet. There was no history of rheumatism; there was exudative matter thrown out on the tubules of the kidneys.

The Society then adjourned.

OBITUARY.

THE LATE SAMUEL L. HOLLINGSWORTH, M.D.

THE few lines in which we announced the death, on December 14, 1872, of this estimable physician, contained a promise, which we now fulfil, of presenting a short notice of his life and character.

Dr. Hollingsworth was born in Philadelphia, May 22, 1816. His father was a prominent merchant, and descended, in the sixth generation, from Valentine Hollingsworth, who was a member of the first Provincial Assembly in 1683. After a thorough school education, he entered the freshman class of the University of Pennsylvania; but in the junior year of his course he was sent as supercargo in one of his father's vessels to Rio Janeiro. He afterwards remained in his father's counting-house until 1839, when he commenced the study of medicine in the office of Dr. George B. Wood, and at the University, where he graduated in 1842. He subsequently served as resident physician at the Pennsylvania Hospital and at the Wills Hospital, and became one of the visiting physicians of the latter institution. At the time of his death he was one of the attending physicians of the Girard College, a post which he held with great credit for twenty-four years. During the cholera epidemic of 1849 he had charge of the City Cholera Hospital. In all of these institutions he secured the good will of their governing bodies and amassed a large amount of valuable experience. In 1854 Dr. Hollingsworth became the editor of the *Medical Examiner*, and for three years performed the duties of his office with distinguished ability. His friends regretted that this congenial field of labor should then have been closed to him by the absorption of the *Examiner* in another journal, which, like it, has passed away.

Dr. Hollingsworth's love for the study and practice of medicine was, indeed, only equalled by his fondness for literary culture. His taste led him especially to historical works, and the graver subjects of current literature, as they are presented in the leading reviews and standard works of Great Britain. His mind was stored with the fruits of these excursions beyond professional fields, and his conversation never failed to give evidence of his intellectual riches by the seriousness of its tone as well as by the fulness and variety of his information. He was therefore listened to with attention, and his judgment was often appealed to in questions of historical fact and of literary opinion.

His views on all subjects were the more valued because they were felt to be sincere. Indeed, his love of truth for its own sake was perfect. For falsehood in every shape he had an instinctive hatred; he neither spoke nor acted it, nor could he tolerate in others any deviation from the simple and straightforward path, holding that no motive of self-interest can palliate a moral wrong. Hence, as became such a man, his conversation and actions were always pure, and his manners as simple and natural as they were courteous and kind.

Dr. Hollingsworth was one of the many men of merit who prefer the peaceful paths of life to a struggle for prominence in the world's thoroughfare. Neither professional nor any other form of public preferment tempted him away from his useful and happy, but un-

ostentatious, career. He found abundant satisfaction of his moral cravings in the domestic circle, in the study and practice of medicine, and in social intercourse with his professional brethren. He will long be remembered by them as an accomplished scholar and physician, a genial companion, and an upright man.

REVIEWS AND BOOK NOTICES.

CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN. By LOMBE ATTHILL, M.D. Univ. Dubl., etc. Second Edition, Revised and Enlarged, with Six Lithographic Plates and Woodcut Illustrations. Crown 8vo, pp. 241. Philadelphia, Lindsay & Blakiston, 1873.

OBSTETRIC APHORISMS: FOR THE USE OF STUDENTS COMMENCING MIDWIFERY PRACTICE. By JOSEPH GRIFFITHS SWAYNE, M.D., etc. Second American, from the Fifth Revised English Edition, with Additions. By EDWARD R. HUTCHINS, M.D. 12mo, pp. 189. Philadelphia, Henry C. Lea, 1873.

FŒTICIDE, OR CRIMINAL ABORTION. By HUGH L. HODGE, M.D. Fourth Edition. 18mo, pp. 55. Philadelphia, Lindsay & Blakiston, 1872.

THE USE OF THE SETON IN THE TREATMENT OF SOME CASES OF CHRONIC AFFECTIONS OF THE WOMB. By ELY VAN DE WARKER, M.D., etc. Reprinted from the *Journal of Obstetrics*. 8vo, pp. 16.

Dr. Atthill's work appears to be an exhibit of the experience and practice of the Adelaide Hospital, Dublin, and of the results of his own observations. It does not claim much, but its merits are very considerable. While we do not agree with all the views of its author, and are especially inclined to deprecate his advocacy of mechanical treatment by pessaries, we think no one will take up his book without interest and profit.

The second book in the above list is one, in our opinion, admirably adapted to be of service to the class of readers for whom it is designed. Unfortunately, recent graduates will be too apt to pass it by for more pretentious volumes.

Dr. Hodge's introductory lecture on Fœticide, first delivered in 1839, and again in 1854, has probably done much, in its former larger shape, towards the dissemination of just views of that grievous crime against society. We are glad to see a reissue of it; but we fear its influence will be lessened by reason of its insignificant appearance.

Dr. Van de Warker's idea, which, however, is not wholly new, is to establish, in certain cases of chronic hypertrophy of the uterus, drainage by means of one or more silk threads passed through the tissues of the os. The obstinacy of many of these cases would make the discovery of an effectual means of treatment a great boon to both practitioner and patient, and the plan in question seems to us to merit trial.

OUTLINES OF SURGERY AND SURGICAL PATHOLOGY, INCLUDING THE DIAGNOSIS AND TREATMENT OF OBSCURE AND URGENT CASES, AND THE SURGICAL ANATOMY OF SOME IMPORTANT STRUCTURES AND REGIONS. By F. LE GROS CLARK, F.R.S., Senior Surgeon to St. Thomas's Hospital. Second Edition, Revised and Expanded by the Author, assisted by W. W. WAGSTAFFE, F.R.C.S., etc.

This book, which is as concise as it could well be made, is as difficult to review as it would be to read continuously. It is intended for students of surgery as a sort of synoptical guide, and will doubtless be found of great use for this purpose. A careful examination of it enables us to endorse it as sound in every respect, and eminently worthy of recommendation to their classes by teachers of this branch of medical science.

BOOKS AND PAMPHLETS RECEIVED.

A Handbook of Therapeutics. By Sidney Ringer, M.D., etc. Third Edition. 8vo, pp. 576. New York, William Wood & Co., 1872.

Transactions of the Medical Society of the State of New York for 1870 and 1871. 2 vols. 8vo, pp. 429 and 490.

The Post-Office Directory of Chemists and Druggists; Including Chemical Manufacturers, Wholesale Druggists, Drysalters, and Patent Medicine Vendors, of England, Scotland, and Wales. To which is appended the Chemical Manufacturers and Wholesale and Retail Druggists in the Principal Towns in Ireland. Second Edition. Large 8vo, pp. 546. London, Kelly & Co., 1872.

The Nineteenth Report upon the Registration of Births, Marriages, and Deaths in the State of Rhode Island, for the Year ending December 31, 1871. Prepared under the direction of Joshua M. Addeman, Secretary of State, by Edward T. Caswell, M.D. 8vo, pp. 116. Providence, 1872.

Transactions of the Wisconsin State Medical Society for the Year 1872. Vol. vi. 8vo, pp. 169. Milwaukee, 1872.

GLEANINGS FROM OUR EXCHANGES.

STRICKER AND COHNHEIM (*Berliner Klin. Wochenschr.*, No. 41).—On the 15th of August, 1872, during the session of the Association of Naturalists and Physicians in Leipsic, Prof. Stricker made the following remarks in reply to the repeated attacks of Cohnheim:

Two of his pupils, after subjecting cartilage to severe irritation, injected cinnabar into the blood, and then discovered the foreign matter in the inflammatory points. In order to prove that such was the truth, Prof. Stricker presented a preparation in which particles of cinnabar were seen in the tissue of cartilage. Prof. S. requested the president to appoint several skilful microscopists to examine the specimen, and to testify as to the reliability of his statements.

Profs. Biesiadecki, Ackermann, Rollett, and Dr. Steudener were appointed, and they confirmed the statement already alluded to. Prof. Stricker then said that by destroying the ganglion of Gasser he had produced an inflammation of the cornea on the corresponding side. This could not have been caused by the entrance of dust into the eye, on account of the anæsthesia and patulency of the eyelids; for the other eye of the same animal was also exposed to the full effects of dust, by the destruction of its inferior nictitating membrane, but was not inflamed. The neuritis slowly passed away, and small nodules were formed, to which passed, from the edge of the cornea, small avenues formed of cells containing pigment.

Such a condition is important, because the pigment, which can come only from the eye, in this case, is found in cells which are not wandering white blood-corpuscles.

Hence the conclusion of Cohnheim that cells containing cinnabar, which are found in the inflamed cornea after this coloring-matter has been injected into the blood, are white blood-corpuscles, is incorrect, and consequently his theory is deprived of one of its chief supports.

Prof. Stricker, in conclusion, produced his specimen of traumatic keratitis, and requested Prof. Cohnheim to look at it. The latter gentleman said that he had had no intention of entering into the discussion, since a public assembly was no place to discuss the merits of a microscopic preparation. The question concerning the occurrence of cinnabar in inflamed cartilage possesses but little weight in the present discussion. For, since no one doubts that pus-corpuscles do escape in inflammatory processes, it is quite fair to presume that particles of cinnabar may be also conveyed to any part of the body affected by inflammation.

So far as the preparation from the irritated cornea is concerned, Prof. Cohnheim declined to consider it, or even to look at it. If the preparation were made according to this method, without doubt the corneal corpuscles could be seen intact. He could only advise Prof. Stricker to work in the future with more care and cleanliness, and to institute observations according to the prescribed method. In that event he would obtain the same results as he (Cohnheim) had. The present negative discovery proved nothing, and he was unwilling to relinquish his views.

Prof. Stricker said that, since Prof. Cohnheim had not seen the specimen of traumatic keratitis, all further debate was impossible. The number of adherents of a theory by no means proved its correctness.

It is usual to imitate the methods of those who go further in any investigation. He had discovered new methods; and the burden of proof now lies on the side of Cohnheim, who must imitate, and then admit or deny the truths he (Stricker) had declared.

Prof. Rindfleisch concluded the discussion by stating that, after repeated examinations of the specimen of intense keratitis, he had been able to discover the *stellate corneal bodies* in it. Their outlines, however, were quite indistinct, and they were very pale,—changes which may be due to saturation by the fluid in which they were placed. The *numerous apparently spindle-shaped cells*, Rindfleisch declared to be colorless blood-corpuscles which are situated in the finest vessels of the cornea, and which distend these vessels at the affected joints. The circumstance that these nutrient vessels of the cornea run from the spaces in the cornea mostly in the same direction, gives the impression that the apparently spindle-shaped cells which lie in them are also arranged in the same direction. Their number, however, four times as numerous as the true cells of cornea, forbids their being mistaken for altered corneal cells.

MALARIA AS A CAUSE OF RENAL DISEASE (*Am. Journal of the Med. Sciences*, Jan. 1873).—Dr. S. C. Busey, of Washington, D.C., after reporting three cases of renal dropsy (one of amyloid degeneration, one of desquamative nephritis, and one of hyperæmia of the kidneys) in children aged respectively 15, 9, and 4 years, makes the following remarks:

"These three cases present, in common, five phenomena: dropsical effusion, emaciation, marked anæmia, albuminuria, and lessened density of the urine, which point directly to disease of the kidneys. But was the renal affection primary or secondary? The determination of this question involves, mainly, the consideration of the cause. In Cases II. and III. it is manifest that the malarial cachexia was primary, and, though not absolutely demonstrated in the case of amyloid degeneration, it is fairly inferred from the history of the patient. There is nothing new in this sequence of disorders. Parkes affirms, from personal experience, 'that chronic Bright's disease is a consequence of ague.' Niemeyer says the 'poison of malaria' may cause Bright's disease. H. C. Wood, in a recent essay, published in this journal, enumerates malaria among the causes of albuminuria. Johnson maintains that the poison of fevers is eliminated through the kidneys, and, though not distinctly classing malaria among the causes, dwells with great pertinacity upon the casual relation of dyscrasiæ generally to Bright's disease. Stewart enumerates ague among the causes. Dr. Woodward, of the army, in his work on camp diseases, at page 185, in discussing 'chronic malarial poisoning,' says, 'Disorder of the kidneys frequently complicates the condition under consideration. Scanty, more or less albuminous urine is often observed, and these cases which occasionally perish with the symptoms of acute uræmic toxæmia not unfrequently terminate in chronic Bright's disease, with confirmed albuminuria, œdema, or general anasarca, and the whole train of symptoms of that disorder.' It is an accepted doctrine that any toxæmic condition of the blood, wherein the poisonous agent may be eliminated through the renal secretion, may produce some one of the forms of Bright's disease. This is demonstrated in cholera, scarlatina, rheumatism, erysipelas, measles, diphtheria, typhoid fever, pyæmia, syphilis, gout, and in exhaustive suppurative and carious affections. In all the dyscrasiæ the kidney complication is secondary, and perhaps no one of the cachexiæ is more marked in its pathognomonic characteristics or more fruitful in sequences than the malarial, none more destructive of the healthy constitution and nutritive qualities of the blood, and none more enervating. Besides the general phenomena which so manifestly distinguish the malarial cachexy, and which so markedly exhibit the effects of deficient hæmatosis, there are certain direct and immediate alterations produced in the character of the urinary secretion. Parkes has shown that the moment a paroxysm of malarial fever begins, the excretion of urea increases, such increase continuing during the algid and hot stages, diminishing during the sweating, and falling below the healthy standard during the intermittence; also that the uric acid is greatly increased during the fit. Ringer asserts that the quantity of urea corresponds to the degree of temperature; also that the chloride of sodium is greatly increased during the hot and cold stages, and that albumen is found, in a limited proportion of cases, during the fit, with blood and renal cylinders. McClean says, 'The blood is changed from the beginning of the attack, and, probably, for some time. The red globules and fibrin are diminished. The coagulum is larger and more flabby than that of healthy blood, much darker in color.' Aitken insists that 'an altered, defective, or contaminated state of the blood is the source of the morbid phenomena which follow.' Among the numerous causes of desquamative nephritis there is none more frequent than cold. Cold cannot act by lessening the temperature of the kidneys. The renal affection is secondary to the arrest of the cutaneous transudation and the determination of the blood to the internal organs. In the algid stage of intermittent fevers these conditions are superadded to the blood infections, and not only is augmented duty imposed upon the kidneys, because of the arrest of the functions of the skin, but their functions are impaired by the obstructive hyperæmia resulting from the interruption of the cutaneous circulation.

"Rokitansky, Walshe, Watson, Johnson, Aitken, and many others maintain that the various forms of Bright's disease find their cause in the quality of the blood sent to the kidneys, and that the *materies morbi* seeks its discharge through the secretory function of the kidneys.

"No age is exempt from nephritis. Rayer observed many cases from six months to one year. Noel reports a case eighteen months old; and Grisolle one a few weeks old."

ENUCLEATION OF UTERINE FIBROIDS (*Am. Journal of Obstetrics*, Nov. 1872).—Dr. Thomas exhibited to the Obstetrical Society of New York, Oct. 2, 1872, a mass the size of a cocoanut, consisting of three fibroids which he had recently removed by enucleation. The woman, who was a patient of Dr. H. Moeller, had suffered for some months from excessive menorrhagia. When seen by Dr. Thomas, the uterus was found to be as large as at the fifth month of gestation; the cervix was found well dilated, and a large fibroid presenting, which, on examination, proved to be sessile, and attached posteriorly. The patient lying upon her back upon a table, Dr. Thomas proceeded to enucleate by cutting through the capsule of the tumor with scissors, and then insinuating a grooved steel sound under the capsule, which he separated as far as possible from its attachments. Traction was then resorted to, combined with powerful expression from above, which resulted in the extrusion of a large mass in about forty minutes; another mass was felt above the one extracted, which was in like manner removed; traction then being made upon the capsule, it came away, having attached to it a still smaller tumor. There was very little hemorrhage. Opiates were given, and intra-uterine injections of carbolic acid were daily used. The patient did well for four weeks, though she now has a mild attack of phlegmasia dolens, from which she has suffered once before as a sequel to parturition. This is the sixth case in which Dr. Thomas has resorted to enucleation, in all of which the recovery has been perfect. He has, however, lost two cases in the preparatory treatment by sponge-tents. Dr. Thomas considers the operation in its results more formidable than ovariotomy.

Dr. Peaslee agreed with Dr. Thomas in the operation being more dangerous than ovariotomy, though it looks so simple. It is always dangerous to operate while the tumor is in the uterus, though where danger exists from menorrhagia the operation is perfectly justifiable.

Dr. Sims thought the removal would be facilitated by the patient being in the left lateral semi-prone position, and instanced a case where he had effected the removal of a tumor in twelve minutes.

Dr. Thomas, in reply, said that he had removed tumors in less time than that mentioned by Dr. Sims, and he considers the dorsal position better, as expression can be so efficiently brought to bear.

CHLOROFORM AS A SOLVENT FOR AND MEANS OF SEPARATING POISONOUS VEGETABLE SUBSTANCES IN FORENSIC INVESTIGATIONS.—The *Journal of Applied Chemistry* for December, 1872, says, "Nowak has instituted a series of experiments which prove that chloroform quickly and perfectly extracts the following long list of vegetable substances from alkaline solutions, viz.: Strychnia, quinia, quinidia, cinchonia, caffeina, theobromina, emetia, atropia, hyoscyamia, aconitina, veratria, physostigmia, narcotina, codeia, thebaina, nicotina, and conia. It dissolves brucia, colchicia, and papaverina more slowly. Sabadillia is only taken up by it when warm, while narceia is taken up from alkaline solutions in small quantities only. Picrotoxin is acted upon by chloroform more readily from acid than alkaline solutions. Morphia and solania do not dissolve in chloroform, either from acid or alkaline solutions.

"Further experiments also show that all those substances which are taken up by chloroform from aqueous alkaline solutions are again given up by it on shaking repeatedly with acidulated water, while fatty and other foreign substances mixed with them remain in the chloroform. A systematic course of search for poisonous vegetable substances, founded upon the above facts, was instituted, and its practicability tested by actual experiments as follows: A weighed quantity of different poisons was mixed with pieces of flesh selected for the purpose, and then tested for. The results obtained showed that in many cases the whole quantity of the poison mixed with the flesh was recovered, and in most cases the greater part was found. The results gave general satisfaction, especially on account of the great purity of the alkaloids obtained from the chloroform, so that the reactions for identifying them could be made at once."

LIMITS OF NORMAL BRONCHIAL BREATHING (*Berliner Klinische Wochenschrift*, No. 41, 1872).—According to a series of investigations made upon 216 persons of various age, sex, and avocation, by Lippe, the assistant in the clinic at Dorpat, the following laws may be laid down:

1. Bronchial breathing is always to be heard in the region of the seventh cervical vertebra (in some rare cases it is heard only here), but usually it is heard more or less extensively below this point.

2. Below this point it is heard in the rarest cases only, on the right side of the thorax (four times in 213 cases). The rule is to hear it on both sides.

3. The extent of bronchial breathing stands in an inverse ratio to the difference between the circumference of the chest and half the length of the body. In the first four decades of life, a gradual increase of this difference occurs, and on the other side a gradual decrease of the bronchial breathing. In the later years of life the extent of the latter increases, while at the same time the difference diminishes. With the sixtieth year of life the bronchial breathing has again reached the same limit as in the first decade of life.

CHOLERA.—According to the *Wiener Mediz. Presse* of Nov. 3, 1872, this unwelcome visitor had made its appearance in Hungary and Eastern Austria, moving westward. In Ofen, Hungary, between the 13th and 25th of October, 126 cases of cholera had appeared, of which 29 proved fatal. In the garrison of the same place there were 29 cases, of which 5 died. In Pesth, 4 cases had appeared at the time the communication was made. In Lemberg, near Vienna, 140 cases occurred between September 23 and October 23, 1872, of which 40 died. The Emperor of Austria has caused every precaution to be taken in order to prevent its coming to Vienna.

DOUBLE AMPUTATION BY PIROGOFF'S METHOD.—Dr. J. Lizars Lizars, of Toronto, reports in the *Canada Lancet* for January, 1873, a case of railroad injury, in which he removed both feet of a French Canadian, aged 28 years, by the above-mentioned procedure. One operation was performed on October 24, and the other on November 3, 1872. On the 4th of December the patient was doing well.

Dr. L. justly remarks on the propriety of dividing the os calcis, in this operation, in a direction downwards and forwards, instead of directly downwards; the former plan bringing the subsequent pressure more on the thick skin of the heel.

"OPEN-AIR" TREATMENT OF HOOPING-COUGH.—In the *Glasgow Medical Journal*, Dr. McLean strongly advocates this plan of treatment, which consists in keeping the little patient as much as possible out-of-doors in the open air. He does not consider this plan of treatment as a specific in every case of hooping-cough; but it is one which, in the hands of a judicious physician, can be made of immense utility, and even in certain complications can be adopted with safety.

MISCELLANY.

EATING DIRT.—It is a common opinion that even in the most civilized communities it is not easy to avoid one's peck of dirt; and some individuals manifest quite a peculiar talent for it, and go through the operation with a readiness and grace which seem to imply a suppressed inclination for the practice. Dr. Frank Galt, of Iquitos, Peru, describes quite a devouring passion for it to prevail among the mestizoes, or half-breeds, of the Upper Amazon. His account is very interesting. Dirt-eating becomes an irresistible passion.

"Even strangers, English, or the white Peruvian, who have married with the mestizo, and have had children by them, find its presence among the little ones the plague of their life; and the accounts one hears about the tyranny of this habit of dirt-eating on the victims of it would seem almost fabulous, were there not evidences all around one to give sanction to them. Children commence the habit from the time they are four years old, or less, and frequently die from the results in two or three years. In other cases, they grow to manhood or womanhood with the 'appetite growing by what it feeds on,' and I have seen here myself, in the case of a mestizo soldier, who was dying from the dysentery which generally, sooner or later, supervenes on this habit, the poor creature, half an hour before his death, detected with a lump of clay stuffed in his sunken cheeks, which he had dragged from the wall near where he was almost breathing his last. Officers here who have the Indian or half-breed children as servants in their employ sometimes have to use wire masks to keep them from putting the clay to their mouths; and women, as they lie in bed sleepless and restless, will pull out pieces of mud from the adjoining walls of their room to gratify their strange appetite, or will soothe a squalling brat by tempting it with a lump of the same material. If persisted in, the effects are surely fatal, at varying terms of years, some living tolerably to middle age, and then dying with dysentery, or from that disease at an earlier period. In the children dropsy is usually the most prominent apparent cause of decline and death."

A PROJECT is on foot to resume the publication of a Hospital Gazette in Dublin, containing only original scientific matter. It would be published twice a month, would consist of sixteen pages only, and would be issued at an annual subscription of half a guinea.

MR. HOLMES COOTE.—The *British Medical Journal* of Dec. 28 says, "We have to chronicle the death of Mr. Holmes Coote, Senior Surgeon and Lecturer on Surgery of St. Bartholomew's Hospital, at about the age of fifty-six. It is seldom that so sad a fate has to be recorded of a man occupying an eminent position in a learned profession. While actually surgeon and lecturer on surgery at St. Bartholomew's Hospital, this unhappy gentleman breathed his last this week in a public lunatic-asylum, and has left his family destitute. Incipient brain-disease, brought on, probably, by the pressure of anxieties and misfortunes, had interfered with Mr. Coote's professional pursuits, although, until the last few months, not disabling him from attending to his hospital work. The kindness of his colleagues in performing his duties has enabled him to retain lately the title and emoluments of an office of which he at last became unequal to the duties. Mr. Coote began life under circumstances of great promise. A skilful anatomist and an active teacher, a surgeon of some fertility and resource, not unskilled in the use of the pen or disinclined to use it, well placed at one of our great hospital schools, his friends anticipated for him a brilliant career. Mr. Coote filled with credit many offices of importance. Besides taking a large and useful share in educating successive annual generations of students, he served in the Crimean hospitals with honor, and has since held office as one of the Commissioners under the Contagious Diseases Acts, and as an Examiner in Surgery of the Royal College of Surgeons. His contributions to Holmes's 'System of Surgery' were respectable, and his earlier anatomical writings (one of which received the College Triennial Prize in 1845) were of some repute. A career so well begun was sadly and even tragically ended. His friends and pupils, remembering his many good qualities, will not, it may be hoped, be slow to render kindly and seasonable aid to his family."

CURIOUS FREAK OF NATURE.—The description of the hairy family at Mandalay, whom the king will not permit to leave his dominions, with pleasant allusions to Darwin, has lately been going the rounds of the medical press. A correspondent of the *London Times* furnishes some additional information. He writes, "When I was at Mandalay in '59, I saw the same woman and three of her children. The eldest and youngest were hairy, like their mother, while the second, like his father, presented no such peculiarity. The husband was a man who, report said, had been induced to wed this woman to become possessed of the marriage-portion which the King of Burmah had promised to bestow upon her on her bridal day. The bridegroom was a plucky fellow, at any rate, though his motives may have been somewhat mercenary. The hairy woman had a pleasant, intelligent face,—there was nothing whatever repulsive in it. The hair on the face and breast was several inches long; on the forehead it was parted in the middle and blended with that of her head. Of a light brown color on her cheeks, it paled gradually towards the bridge of her nose and the centre of her lips, chin, and neck."

SOCIAL EVIL HOSPITAL, ST. LOUIS, MO.—The site for this new hospital, designed for the reception of fallen women, has been selected by the board of health of St. Louis. The inauguration of this institution is the climax of a system that some two years ago received the sanction of the authorities there, and which, since then, has been carried on with all the vigor and inflexibility of other established laws,—the registration of abandoned women, their examination by a staff of

physicians, and their payment of weekly and monthly dues. The regular weekly payment of a dollar and a half by each courtesan, and fourteen dollars monthly from each keeper of a house of ill-fame, has resulted in the accumulation of many thousand dollars, which is now being appropriated, in accordance with the requirements of the law, for the treatment of these women.

DRESSER'S ENGLISH IN INDIA.—The *British Medical Journal* says, "Notwithstanding the improvement in the education of native medical pupils, it appears that dresser's English in India is still something of the same kind of dialect as pigeon-English in China. The *Madras Medical Journal* prints the following specimen of a medical certificate given by a hospital assistant to a patient who had his teeth loosened by a blow on the mouth:

"'I do hereby certify that the Village Moonsiff —— of —— aged about 45 was found on my examination suffering from shaking of 2 front upper teeth, and 4 front lower teeth and besides several other teeth also in a slight shaking state. I consider that the shaking appear to have been caused by another individual, or by fall, or by natural and previous administration of cruel mercury. I am of opinion that the hurt is not a mortal.

"'(Signed) ——, *2nd Class Hospl. Asst.*'"

A MYSTERIOUS CASE.—The following item appeared in a recent issue of the *New York Tribune:*

"Coroner Keenan was asked yesterday afternoon, by Dr. Charles P. Russell, Registrar of the Bureau of Vital Statistics, to hold an inquest on the body of Elizabeth Taylor Church, wife of Dr. E. P. Church, of No. 629 Ninth Avenue, who died January 5, 'from abscess of the right lung, caused by an injury inflicted with a wire by the deceased during an attempt to produce an abortion upon herself.' Dr. Russell stated that an autopsy by Prof. T. Gaillard Thomas, of the Twenty-third Street Medical College, and Dr. Charles S. Ward, of No. 61 Macdougal Street, had 'revealed the presence of a wire about twenty inches long,' which had passed upward through the peritoneal cavity and penetrated the lung."

DR. B. HOWARD says, in the *New York Medical Journal* for December, 1872, that within six years from its formation the Humane Society of Amsterdam reported the recovery of two hundred persons. Mr. Alexander Johnson, in a report to the Humane Society of London, states that from 1774 to 1787, a period of thirteen years, eight hundred and ninety-seven instances of resuscitation occurred in London alone. According to the report of Monsieur Pia, the superintendent of the Establishment for the Recovery of the Drowned in Paris, during the sixteen years subsequent to 1772 eight hundred and thirteen persons, apparently dead from submersion, were completely restored; one hundred and twenty cases only having been treated unsuccessfully.

ON A RESURRECTIONIST.—The following lines have their own historical interest, as relating to a past state of things which concerned anatomical students, and are worthy of a place in our columns, if only for their epigrammatic wit and finish. They appear in *Blackwood's Magazine* for November, 1872:

"Here lies an honest man, my brothers,
Who raised himself by raising others.
Anxious his friends from soil to save,
His converse still was with the grave.
To rescue from the tomb his mission,
He took men off to the physician;
And strove that all, whom death releases,
Should rest, if not in peace, in pieces.
So here he waits his resurrection,
In hopes his life may bear dissection."

THE cause of the ex-Emperor Napoleon's death was stated in one of the daily papers to have been embolism, "caused by the intercallations of the electric currents in the operation of lithotrity."

THE many friends of Dr. Wilmer Worthington, of West Chester, will be glad to know that he is at present much better, and that hopes are entertained of his recovery.

PROF. R. VON JAGER has received the Order of the Crown, of the third class (Prussian), and the Order of St. Michael, of the first class (Bavarian).

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending Jan. 18, 1873, were 325; 179 adults, and 146 minors. 6 were of bodies brought from the country; making the mortality of the city 319. Among the causes of death were:

Consumption of the Lungs	41
Other Diseases of the Respiratory Organs	65
Diseases of the Circulatory Apparatus	18
Diseases of the Brain and Nervous System	50
Diseases of the Digestive Apparatus	17
Zymotic Diseases (one from Smallpox)	29
Typhoid Fever	8
Casualties	3
Cancer	4
Gangrene	4
Suicide	1
Debility (including "Inanition" and "Marasmus")	31
Still-born	16
Old Age	11

The following may be specially noted: *Caries of the liver*, 1; dyspepsia, 1; rupture of the heart, 1; rupture of the uterus, 1.

(The interments reported for the week ending Jan. 20, 1872, were 503.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.		BAROMETER.
	Max.	Min.	(2 P.M.)
Jan. 12	28.0°	17.0°	30.62 in.
" 13	42.5	29.0	30.34 in.
" 14	45.5	34.0	30.34 in.
" 15	35.0	31.0	30.65 in. (Rain.)
" 16	59.0	37.0	30.15 in. (Rain.)
" 17	54.0	33.0	30.01 in.
" 18	34.0	31.0	29.92 in. (Rain.)